## **Kentucky Department for Medicaid Services**

## **Pharmacy and Therapeutics Advisory Committee Recommendations**

## March 16, 2006 Meeting

This chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the March 16, 2006, meeting. Review of the recommendations by the Secretary of the Cabinet for Health and Family Services and final decisions are pending.

		Description of Recommendation	P & T Vote
#1	2. 3. 4. 5. 6. 7.	The insulin agents are considered clinically equivalent in safety and efficacy. DMS to prefer one brand of human insulin per class (basal long-acting, rapidacting, and short-acting, insulin for use in pumps, mixed preparations and insulin delivery systems) based upon economic evaluation.  Lantus will be retained as a preferred basal long-acting insulin with the option to add other products in the class based upon economic evaluation.  Recommendations on Exubera to be tabled for review at a future meeting.  Byetta will require PA via electronic step-edit.	Passed 6 - For 0 - Against
#2	2. 3. 4.	All agents in the quinolone class are equivalent in efficacy within generations. DMS to prefer generic 2 <sup>nd</sup> generation quinolones.  Branded 2 <sup>nd</sup> generation quinolones will require PA.  DMS to prefer two branded 3 <sup>rd</sup> generation quinolones, one of which must be either Avelox or Levaquin and the other to be preferred based upon economic evaluation.  If Tequin is selected as a preferred 3 <sup>rd</sup> generation quinolone, a diabetes safety edit must be implemented.  For any new chemical entity in the quinolone class, require a PA until reviewed by the P&T Advisory Committee.	Passed 6 - For 0 - Against